SCC eFile S	2012 ANNUAL REPORT 212548273 COMMONWEALTH OF VIRGINIA ATE CORPORATION COMMISSION			
1.) CORPORATION NAME:		DUE DATE: 12/	/31/2012	
COMMUNITY HOME CARE, INC	<u>.</u>	DOL D/ (12. 12)	01/2012	
2.) VA REGISTERED AGENT NAME FREDDIE E MULLINS PC		SCC ID NO: 03	146099	
256 COLLEY SHOPPING CENT	ER	5.) STOCK INFO	ORMATION	
PO BOX 951			AUTHORIZED	
CLINTWOOD, VA 24228		COMMON 5	5,000	
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: DICKENSON COUNTY				
4.) STATE OR COUNTRY OF INCOI VA	RPORATION:			
6.) PRINCIPAL OFFICE ADDRESS:				
ADDRESS: NORTON COMMUNITY HOSPITAL 100 15TH STREET NW				
CITY/ST/ZIP: NORTO	ON VA 24273			
7.) DIRECTORS AND PRINCIPAL OF		al officers must be li	sted An individual	
7.) DIRECTORS AND PRINCIPAL OFFICERS:  All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
	X OFF	ICER :	DIRECTOR	
NAME: TITLE:	ROBERT LEONARD SECRETARY			
ADDRESS:	P.O. BOX 555			
CITY/ST/ZIP/CO:	NORTON, VA 24273			
		ICER :	DIRECTOR	
NAME: TITLE:	HARRY DOTSON TREASURER			
ADDRESS:	P.O. BOX 864			
CITY/ST/ZIP/CO:	WISE, VA 24293			
	χOFF	ICER ;	DIRECTOR	
NAME:	CHARLES R WARD	_		
TITLE: ADDRESS:	VICE CHAIRMAN P. O. BOX 363			
CITY/ST/ZIP/CO:	WISE, VA 24293			
	OFF	ICER :	X DIRECTOR	
NAME:	JAMES MANICURE			
TITLE: ADDRESS:	DIRECTOR B.O. BOX 363			
CITY/ST/ZIP/CO:	P.O. BOX 363 WISE, VA 24293			
	OFF	ICER :	X DIRECTOR	
NAME:	BUFORD STURGILL			
TITLE: ADDRESS:	DIRECTOR PO BOX 1068			
CITY/ST/ZIP/CO:	WISE, VA 24293			
	OFF	ICER :	DIRECTOR	
NAME:	Willie Price-Harris	L_		
TITLE: ADDRESS:	DIRECTOR PO Boy 050			
CITY/ST/ZIP/CO:	PO Box 950 Wise, VA 24293			

		OFFICER	X DIRECTOR	
NAME:	John Wright			
TITLE:	DIRECTOR			
ADDRESS: CITY/ST/ZIP/CO:	96 15 ST NW Suite 101			
CITT/ST/ZIP/CO.	Norton, VA 24273			
		OFFICER	χ DIRECTOR	
NAME:	John Doyle			
TITLE: ADDRESS:	DIRECTOR			
CITY/ST/ZIP/CO:	400 North State of Franklin Rd Johnson City, TN 37604			
311176172117661	Johnson City, 114 37 004		DIDECTOR	
NAME:		X OFFICER	DIRECTOR	
TITLE:	Ann Fleming			
ADDRESS:	Chairperson 400 North State of Franklin Rd			
CITY/ST/ZIP/CO:	Johnson City, TN 37604			
		OFFICER	χ DIRECTOR	
NAME:	Marvin Eichorn	or right	<u> </u>	
TITLE:	DIRECTOR			
ADDRESS:	400 N State of Franklin Rd			
CITY/ST/ZIP/CO:	Johnson City, TN 37604			
		OFFICER	χ DIRECTOR	
NAME:	Sandra Brooks			
TITLE:	DIRECTOR			
ADDRESS:	400 N State of Franklin Rd			
CITY/ST/ZIP/CO:	Johnson City, TN 37604			
		X OFFICER	DIRECTOR	
NAME:	Mark Leonard			
TITLE:	CEO			
ADDRESS:	100 Fifteenth St NW			
CITY/ST/ZIP/CO:	Norton, VA 24273			
		X OFFICER	DIRECTOR	
NAME:	Stephen Sawyer			
TITLE:	CFO			
ADDRESS: CITY/ST/ZIP/CO:	100 Fifteenth St NW			
	Norton, VA 24273		ACCURATE AND	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ Ann Fleming	Ann Fleming, Chairperson		12/14/2012	
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE DATE LISTED IN THIS REPORT TITLE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material				

respect with the intent that the document be delivered to the Commission for filing.